



Dear Friends,

"While we recognize the benefit from allowing therapists to diagnose and treat victims of sexual and physical abuse as children, no utility can be derived from protecting careless or inappropriate therapists and the practices. The costs are simply too severe: the therapist is allowed to continue negligently "treating" others, the patient remains disillusioned by the falsehoods, and the accused suffers the torment of being branded a child-abuser. We do not hesitate to conclude that mechanical application of the therapist-patient privilege to allow such results to continue unimpeded ill serves the public."

Louis B. Butler, Jr, Judge

Johnson v. Rogers Memorial Hospital et al. Sup. Ct. Wisc., No. 2003AP784 & 2003 AP1413 (L.C. No. 96 CV 001228), 7/18/05.

Parents have generally found it very difficult, indeed impossible, to hold accountable the therapists who destroyed their families. Because they are not the patients, parents have had no access to the therapy records that are essential to determine what may have taken place. In July, the Wisconsin Supreme Court issued an opinion that allows Charles and Karen Johnson to have access to the their still-alienated daughter's therapy records. Although the split decision applies only to the Johnson case, the arguments of the justices on the various issues of patient-therapist confidentiality are significant. (See p. 9).

There are now many therapists who have been held accountable for the damage they caused, but some therapists whose writings and teachings helped fuel the repressed memory phenomenon seem to pretend it never happened. The article about D. Corydon Hammond, Ph.D. on page 5 shows a person who may now prefer to distance himself from his past belief in intergenerational satanic abuse cults. He has not yet taken responsibility for his past actions.

Where are we in the memory wars? The country still spans the continuum from strong believers to strong skeptics about the reliability of recovered memories, but the weight is tipping toward the skeptics as the Wisconsin decision indicates. There is still a huge amount of silliness, however. For example, we read this summer in the *Washington Post*:

"A turning point in his life occurred when he was 6, an event he repressed until he was 30 and in therapy."

"He also endorses a technique using 'bioenergetics' in which a client releases pent-up anger by smashing a tennis racket against a mound of pillows while repeatedly screaming 'Dad'—or the name of the person about whom the client has unresolved feelings. This is how he recovered his repressed memories of sexual abuse."

Boodman, S.G. (2005, August 16). A conversion therapist's unusual odyssey. *Washington Post*, F4.

Pillow beating while screaming a name as a method for recovering accurate memories? Perhaps the article should have been with the comics. That is not to demean any person who has been abused. But how can those persons possibly be aided by printing nonsense about how historical memories have supposedly been recovered? Reporter Debbie Nathan exposed that technique over a decade ago.

More typical was an article in the *Wall Street Journal* that same week:

"It is no mystery why traumatic memories are so vivid. Compare your recollection of Sept. 11, 2001, with that of Sept. 10, 2001. 'When we experience something traumatic, stress hormones such as noradrenalin are released from the brain stem and reach the amygdala,' says Roger Pitman of Harvard Medical School, Boston. 'The amygdala tells the [memory-processing] hippocampus to remember better, burning in the memory of that event.'"

Begley, S. (2005, August 19). A spotless mind may ease suffering, but erase identity. *Wall Street Journal*, B1.

What do others think about the memory wars? Following is one opinion we read this summer:

"We have written throughout about a live, ongoing controversy. Yet it appears to us now that the memory wars are

In this issue...

| | |
|-------------------------------|----|
| <i>Victor</i> | 3 |
| <i>Freyd</i> | 5 |
| <i>Bartha</i> | 5 |
| <i>Legal Corner</i> | 9 |
| <i>From Our Readers</i> | 11 |
| <i>Bulletin Board</i> | 14 |

(almost) over. False memory proponents appear triumphant. In many countries, false memory societies modeled on the FMSF are winding down for lack of opposition. Many of the recovered memory Internet sites we have used in our study (begun in 1997) of the controversy have disappeared. Some of the more visible figures in the recovery movement, such as the multiple personality disorder therapists Judith Peterson and Bennett Braun, have been sued and/or have lost their licenses to practice.”(p. 101)

Ashmore, M., Brown, S.D., & MacMillan, K. (2005). Lost in the mall with Mesmer and Wundt: Demarcations and demonstrations in the psychologies. *Science, Technology, & Human Values*, 20 (1), 76-110.

Another writer was more cautious:

“Most of the distinctly unbeautiful language of recovery (“inner child,” “personal truth,” denial”) has come to seem as dated and quaint as shoulder pads. Yet it would be wrong to deduce that the tenets of recovery have been decisively discredited. The fact that recovery’s jargon is now passe may merely be an indication of how efficiently its ideas have been absorbed into the general culture. As anyone who has had cause to visit a shrink in recent years can attest, the idea that all our adult difficulties are traceable to physical and psychic wounds inflicted upon us by our parents is far from extinct.”

Heller, Z. (2005, July 4). Meet the parents. *New Republic*. 27.

We have written in the past of the opinions of some FMSF Advisors. Recall that Paul McHugh, M.D. has written that he feels that the memory wars are basically over. Elizabeth Loftus, Ph.D., on the contrary, considers that they remain active. She sees some dubious claims of recovered repressed memories emerging in the context of the clergy cases. She has seen cases in which a prior accusation is used as “corroboration” for the repressed memory, giving apparent credence to a concept that has virtually no good scientific support and is highly controversial.

At the Foundation office, we assess the climate by the e-mails, calls, and letters that we receive. From that vantage point, it seems that although there are still many legal cases being brought against clergy and other institutions, there are far fewer new cases being brought against parents based only on claims of recovery of repressed memories. Most new callers tell us that they have already seen the information on the FMSF web site.

The problems with which new FMSF contacts are struggling are most often based in accusations made years ago. A poignant example: one person called this week to tell us that as a result of a plea bargain in 1994 in a recovered memory case, her non-citizen husband is now being deported. She wondered if she could hold accountable his daughter’s therapist for encouraging false memories and his lawyers for urging a plea. Another caller explained that her sister was in jail because she murdered her mother in the belief that she had been abused by her. The caller wondered if her sister’s therapist, who used hypnosis and who also dated his patient, could be held accountable. A retractor

who had become skeptical about her therapy after research on the web called to ask if she could hold her former therapist accountable.

It is clear that the detritus from the memory wars will remain for a discouragingly long time. Families whose children have not returned will continue to hurt as long as they live. Former patients will still have questions about what happened to them. The type of help we are asked to provide has changed from when the Foundation began in 1992, and the way that the FMSF can provide information has changed.

Several years ago we wrote about an eventual move to publishing the newsletter only through the internet and web. That time is getting closer. Barring any dramatic changes in the FMS phenomenon, we anticipate that the year 2006 will be the last in which the newsletter is distributed in printed form. After that, the newsletter will be posted on the web site. Because of the nature of electronic publishing, the size and frequency of the newsletter can be much more flexible.

That is the background for the annual FMSF letter that you will receive this autumn. We thank you in advance for your ongoing generous support.

Pamela

Heard on Television This Summer

“Repressed memory, where it does exist, is usually a bad artifact of poor psychotherapy or where someone has contingencies that would reward him for remembering something. They’re usually false memories. They’re usually implanted.

“The nature of severe trauma is that people have trouble forgetting. I never heard of someone who was in Auschwitz, Dachau, whose experience was so bad they couldn’t remember it. The nature of trauma is that you can’t forget...

“The nature of severe trauma is that you can’t forget things, not that you do forget things. I don’t want to say in 100 percent of the cases it never occurs, but the idea of someone who’s 18 years old who had [a traumatic sexual] experience over four days and doesn’t remember that it happened is essentially ludicrous from a modern psychiatric point of view.”

Joseph Deltito, Professor of Psychiatry, on the “Nancy Grace Show,” CNN, August 17, 2005.

special thanks

We extend a very special “Thank you” to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Janet Fetkewicz, Howard Fishman, Peter Freyd, Members of the FMSF Scientific Advisory Board and Members who wish to remain anonymous. *Letters and information:* Our Readers.

Successful Strategies in Fighting Moral Panics: American and British Comparisons

Jeffrey S. Victor, Ph.D.

(The following article was prepared from notes for the 2005 Annual Meeting of the British False Memory Society.)

How I Got Involved in Research on False Accusations

One day in 1988, my teenage son began receiving telephone death threats falsely accusing him of being in a satanic cult. At the time, there was a satanic cult panic taking place in our small town in rural upstate New York. My son's only distinction was that he looked like an artist or an English punk-rocker. At that point, I began my research into satanic cult rumors and false accusations of satanic cult crime. My expertise relative to false memories involves the sociology, politics, and history of accusations of satanic cult crimes, including false accusations of SRA.

Comparison between U.K. and U.S.

Before the conference, I asked Pamela Freyd, Director of the American False Memory Syndrome Foundation, what helped most in fighting false accusations. Her response follows:

"I think one of the most important aspects of the inroads that were made by the FMSF was the active participation of so many families. They wrote letters, they talked to doctors, clergy, legislators, etc. Many were willing to be public and that meant that the press could do stories and have a human interest angle. In the U.S., it has taken the lawsuits to make inroads into professional organizations and head them in other directions. Alas, church counseling has not been affected by that pressure, and currently most new cases that we know about come from church counseling."

Following are a few thoughts about differences between American and British societies that affect parents

who must deal with false accusations of sexual child abuse. I don't pretend that I am familiar with all the subtleties of English culture.

Distrust toward Government

American distrust in government goes way back to the American war for independence from Britain.

In the U.S., falsely accused parents were able eventually to become widely defined as victims of injustice in the legal system. This happened, at least in part, because of the American distrust of government, including the judicial system. The judicial system is seen as often being arbitrary because of past racism and the influence of money. In other words, falsely accused parents were aided by the American concern about civil liberties and injustice in the judicial system.

In the U.K., there may be greater trust in government and the judicial system.

Legal System and Civil Lawsuits

The special nature of the U.S. legal system makes it easier to bring lawsuits than in the United Kingdom.

In the U.S., the false memory cause was helped by attorneys who brought lawsuits against professionals who used techniques such as hypnosis, sodium amytal, and guided imagery for the purposes of recovering memories. Many medical doctors, psychiatrists, hospitals, and various kinds of psychotherapists were put out of business, had licenses taken away, or were financially disabled.

Claims of satanic cult ritual abuse were discredited by investigative reports from the FBI and several state police. This situation led to greater police awareness of possible false claims of sexual child abuse, especially in cases involving divorce.

In the U.K., I am not sure why police don't seem to be as aware of the possibility of false accusations, and why so many recovered memory therapists are still operating.

Decentralization vs. Centralization

In the U.S., it is necessary to decentralize any national effort because of the large size of the country and the federal political system.

The FMSF helped local groups to become established across the U.S., even in small cities. The FMSF also helped to sponsor scientific workshops with guest speakers in many large cities. Some local universities sponsored conferences on false memories. This decentralization helped to spread awareness of false memories created by incompetent psychotherapists.

Social workers and police in the United States are in very different local bureaucracies and have very different occupational cultures. They often distrust each other and do not easily cooperate.

In the U.K., the small size and centralized administration may encourage more centralized efforts, and impede the ability of the BFMS to spread information around the country. Social workers have much more power in the U.K. because they are part of a powerful bureaucratic hierarchy of the national health care system. Even Christian social workers are part of that bureaucracy. Police and social workers are forced to cooperate in special child protection units.

Mass Media Influences

In the U.S., the only mass media that is genuinely national is television. FMS families have been aided by the development of widespread distrust for sensationalist national TV talk shows that are viewed as emotionally manipulative entertainment. The sensationalist shows eventually backfired because viewers came to see that some people who were making accusations of child sexual abuse were doing so to gain personal attention.

The respected, big city newspapers (in NYC, Chicago, LA) all published sympathetic investigative reports about falsely accused parents that were critical of recovered memory therapy.

Many magazine articles and books were published, critical of recovered memory psychotherapy.

The widespread skepticism of claims of satanic cult ritual abuse eventually led to suspicion of recovered memory therapy in general—except among many fundamentalist Protestants. The claims of satanic cult ritual abuse on television became so outrageous that they eventually undermined belief in other recovered memories of abuse.

In the U.K., the London-based sensationalist newspapers seem to have a great influence. I do not understand why media sensationalism has not backfired yet. Perhaps, it is due to the authority and prestige attributed to social workers and police who work for the national government.

Political Conflict and Allies

In the U.S., accused parents were aided by internal political conflict. Falsely accused parents in the U.S. had many natural allies. On one hand, political conservatives dislike and distrust feminists who make accusations against men. On the other hand, political liberals distrust Protestant ministers and Christian social workers who provide psychotherapy and make claims about sexual deviance and satanic cult ritual abuse. Both conservative and liberal organizations referred researchers and journalists to FMSF.

In the U.K., perhaps political conflict may be much more affected by class conflict. It may be that in the U.K., there is more social class resentment in which respectable, middle-class people are more likely to be seen as perpetrators involved in hidden conspiracies. The theme may play well in the sensationalist London newspapers. Social respectability may actually hurt accused parents.

The Nature of Moral Panics

Parents who must deal with false accusations of child sexual abuse must deal with a moral panic. A moral panic may be defined as a form of collective

behavior characterized by sudden increased concern and hostility in a large part of a society, a reaction to widespread beliefs about a perceived threat from moral deviants. However, careful empirical examination reveals that the perceived threat is greatly exaggerated or even nonexistent.

In other words, a moral panic is a social process involving multi-faceted conditions: widely circulating rumors, shared beliefs, social stereotypes, political conflict between groups, and mass media influences; all focused upon people regarded as being dangerous moral deviants. Moral panics are processes that involve mass behavior, rather than simply the actions of individuals. During most moral panics, the threat is wildly exaggerated. In some, the threat is purely imaginary, as with witchcraft, or more recently, satanic cults.

The key thing to realize is that a moral panic is spread by shared beliefs, not contagious emotion. So, we need to ask who gains by spreading beliefs that promote fear. The answer is that moral panics are spread by groups that gain ideological support, power and money by spreading the beliefs. For example, the mass media can benefit from sensational stories that attract readers, advertisers and money. Some people, who come to be regarded as experts in detecting dangerous social deviants, can gain audiences, employment and social influence. Politicians can gain votes and political influence.

During moral panics, law enforcement agents often see themselves as fighting evil. If they are sheltered by secrecy and lacking accountability, some will misuse and distort the law for purely personal reasons, such as ethnic prejudice, ideological fervor, or even for career advancement.

Final Words

Regard yourselves as part of a political struggle involving a battle of ideas. Your opposition is just as impassioned, sincere and committed as you

are. Your success will depend upon much more than simply providing accurate scientific information. Misinformation, rumors and pre-judgment are difficult to fight. In the struggle of ideas, truth will prevail only if it is given a lot of help.

Jeffrey Victor, Ph.D. is the author of Satanic Panic. He is a member of the FMSF Scientific Advisory Board.

□

Some Practical Suggestions for Dealing with the Moral Panic

Jeffrey Victor

A. Organize

- Encourage involvement. Ask for volunteer workers from families of falsely accused. Even simple tasks encourage a feeling of being able to fight injustice.
- Help to establish support and education groups in many small cities.
- Find sympathetic lawyers (solicitors) who might work on legal cases pro bono, or at reduced fee.
- Seek allied organizations that can make referrals to the BFMS for information, for speakers and for assisting falsely accused parents.

B. Publicize (The goal is to influence public opinion.)

- Organize training programs about false memories for police, social workers and other professionals.
- Help to organize scientific workshops in large cities.
- Send out news releases and invite news reporters to press conferences. Create news events.
- If you have volunteers who are knowledgeable about public relations and advertising, learn from them.
- The falsely accused or retractors who are willing to go public are crucial source. The press prefers stories that have a personal interest angle.

C. Gather Information

(Providing accurate scientific information is different from the effort to publicize.)

“Practical Suggestions...” continued

- Keep computer files on cases of false accusations.
- Keep news releases ready to go, about specific issues.

D. Be Proactive

- Don't wait for bad news to happen and then react to it. Instead, make events happen.
- Hold accountable medical doctors and social workers who have a conspicuous history of dishonest or questionable practices, for example.

The Case of

D. Corydon Hammond, Ph.D.

Peter Freyd

Corydon Hammond is regarded as a distinguished expert on memory and trauma treatment by psychiatrists. In 1999, the American Psychiatric Association awarded him the prestigious Guttmacher Award. Hammond has been complaining about the FMS Foundation since at least 1993: he wrote in *The Bulletin of the Psychological Hypnosis Division of the American Psychological Association* that he had been...misrepresented in the media (e.g., Prime Time Live) by producers apparently wishing to promulgate an FMS point of view, as well as by a radical FMS spokesman.^[1]

Dr. Hammond is best known for a speech he gave in 1992. It was described in his hometown newspaper:

In the bizarre realm of multiple-personality disorder and satanic ritual abuse, no theory boggles the mind more than one widely associated with a University of Utah psychologist and professor.

D. Corydon Hammond has told colleagues many of the disorder cases stem from an international, multigeneration conspiracy masterminded by a Nazi-trained scientist named “Dr. Green.”

This man, Hammond told 300 therapists attending a training session last year, was a Jew who saved himself in the Nazi death camps by conducting

mind-control experiments. The CIA brought Green to the United States after World War II as part of the large-scale transplant of German scientists, said Hammond.

Green continued his mind-control research while obtaining his medical degree in the United States, conducting many experiments on military hospital patients, said Hammond, immediate past president of the American Society of Clinical Hypnosis.

The mysterious Green and his cohorts still are using electric shocks, strobe lights and systematic torture to brainwash children, Hammond said. The technique allegedly makes them mindless robots in the service of satanists.^[2]

The *Salt Lake Tribune* wrote that they had paid \$100. to Audio Transcripts for a tape of the speech. Shortly after the story appeared, the tape was withdrawn from sale, but within a year, a transcript of the speech was posted on the internet under the title “The Greenbaum Speech of D. C. Hammond”.^[3]

This note is engendered by a recent posting (July 14) on a discussion group called “freedomofthought” in which Dr. Hammond wrote:

Re the [1992] speech—the “speech” was something originally put out on the internet I’m told by the father of Jennifer Freyd, who is also the husband of the woman who heads the false memory syndrome foundation. It was not entirely accurately transcribed, and was taken out of context. It was given under some time pressure, where I didn’t speak as carefully as I ordinarily would, because people in a workshop setting had pleaded for me to diverge from my topic and to hurry and give them some ideas about ritual abuse. Part of it was based on ideas that someone had provided me, some of which had checked out and been independently verified, and therefore, I trusted some of the other material that you might think of as theoretical ideas. However, prior to even talking at that workshop, I had

enlisted the aid of a law school professor friend of mine to do a Freedom of Information Act release to see if we could obtain some corroborating information. The search came back and did not corroborate certain things. Therefore, from shortly after that talk (later 1992, almost 13 years ago), I quit talking about those ideas, and in fact, quit taking on dissociative disorder patients and abuse cases.

If the speech is not entirely accurately transcribed, I trust that Dr. Hammond will post the corrections. He might also correct his own memory: it was not a workshop. The talk he gave was an invited address.^[4]

There is a missing context. Contrary to the impression that Dr. Hammond now tries to make, his Greenbaum speech was not a momentary aberration; it was the culmination of his devotion to a conspiracy theory that directly affected his professional practice and—through his educational activities—the professional practice of many other psychotherapists.

Three years before the Greenbaum speech, Cavalcade Productions released a videotape (1989) entitled “Ritual Child Abuse: A Professional Overview.” Dr. Hammond had this to say:

Some of the children may retract a story at some point because, for example, they’ve seen people killed...After all the senses have been broken down in every conceivable way with electric shocks, with drugs, with fatigue, with lack of food they can be conditioned to do things on cue. And very strongly brainwashed. We’ve seen people in Korea who were brainwashed but these are children who are completely controlled by the cult that they’re in...What we’re talking about here goes beyond child-abuse or beyond the brainwashing of Patty Hearst or Korean-War veterans. We’re talking about people—in some cases who are coming to us as patients—who were raised in satanic cults from the time they were born. Often cults that have come over from Europe, that have roots in the SS, in death-camp squads

in some cases. These are children who tell us stories about being deprived of sleep all night, of then being required to work at manual labor exhaustingly all day long without any food or water. When they reach a point of utter fatigue they may then watch other people tortured. Perhaps a finger might be cut off and hung around their neck on a chain or a string as a symbol to them that they had better be obedient. They may be given drugs.^[5]

Dr. Hammond's Greenbaum theories directly affected his therapeutic practice. Two years before the Greenbaum speech, Dr. Hammond placed a patient named Elizabeth Gale in deep hypnotic trances and advised her that she had been programmed by the satanic cult using a flashing red light, electrodes attached to her head, noises in her left ear, pain in her right ear, intravenous chemicals, and physical restraints. He advised her that she was in danger of death by suicide as a result of the cult programming. As in the Greenbaum speech, her programming was supposed to have been through letters of the Greek alphabet.^[6] Hammond claimed he could identify the codes and only by doing that could such codes be deactivated and erased. We know all this because Ms. Gale kept videotapes of the sessions.^[7]

Dr. Hammond remembers the Greenbaum speech as a workshop, not an invited address. His error may be a result of the numerous prior workshops on the subject. We do have a videotape made by a participant in one of them a year earlier. It was at Parkwood Hospital, Atlanta Georgia (March 2, 1991):

I will suggest to you that those people [deniers of satanic cults] are either, one—naïve and of limited clinical experience; number two—have a kind of naïvete that people have of the holocaust; or number three they're just such intellectuallizers and skeptics that they'll doubt everything; or number three—they're cult people themselves and I can assure that there are

people who are in that position.

There are people who are physicians, who are mental health professionals who are in the cults, who are raising transgenerational cults.

[I had a patient whose] grandfather had been sent out from Nazi Germany in the mid 1930s to New York expressly to help spread the cult to America. They were involved in kidnapping children.

I believe that we'll probably end up finding about a fourth of outpatient multiples are cult-abuse and if you're in a specialized unit it may go as high as 50% and they're usually some of the more severe, difficult cases. But I also believe that we're treating too many of them. That's a cruel terrible thing to say. But I believe that quite a few of them that we're treating are still involved in cults and that we should not be treating them if they are. And it is a danger to them and a danger to us.

And I know of patients where I've consulted on cases—I only treat four cult victims myself—but I consult in cases all around the country and I know of cases where people have revealed things in therapy...at one point a part [i.e. an alternate personality] revealed something she shouldn't and she was severely tortured because of that, to teach her not to do that in the future.

Some of it is in very organized groups with interstate communication and who use a very, very systematic brainwashing that comes out of experimentation from Nazi doctors and experimentation in the intelligence community with mind-control research and involves medical technology and is very, very sophisticated. And is systematically done from early early childhood to produce multiples and continues through and into adulthood with periodic reinforcement truly trying to produce Manchurian Candidates.

In fact, I know of cases where this has occurred where the Mafia likes to use cult people as hit people because they can have one personality who

will come out and do it, go to another city and perform a cult blood-cleaning and have no emotion about it, come back and everybody has amnesia for it. And it's the perfect ideal situation.^[8]

On November 21, 1991, midway between that workshop and the Greenbaum speech, a Utah newspaper reported Dr. Hammond's reaction to a rumor that the Utah Governor was disbanding a task force on Satanism that Dr. Hammond had helped form three years earlier:

Dr. Corydon Hammond, a therapist at the University of Utah Medical Center, questioned whether the governor had been pressured by "influential people" in the state who are satanists.^[9]

On September 19, 1993, *The Salt Lake Tribune* quoted Dr. Hammond's answer to why he gave the speech.

I finally decided to hell with it. If they [the satanists] are going to kill me, they are going to kill me.^[10]

His present statement concludes with this:

Therefore, from shortly after that talk (late 1992, almost 13 years ago), I quit talking about those ideas, and in fact, quit taking on dissociative disorder patients and abuse cases.

Dr. Hammond may have stopped speaking about the subject, but he has continued to write about dissociative disorder patients and abuse cases. Six years after the Greenbaum speech, his name appears as a co-author (with Daniel Brown and Alan W. Schefflin) of the book *Memory, Trauma Treatment, and the Law*, W.W. Norton & Company, 1998 \$100. The American Psychiatric Association awarded the authors the Guttmacher Award.

I think, though, I understand why Dr. Hammond wishes now to avoid the subject. One of two things may be the case. Either he still believes those conspiracy theories or he doesn't. In the first case—chances are he believes his silence is necessary for his very life. In

the second case—perhaps he does not know what he can do besides stand mute.

It is understandable that beliefs can change over time with new information and experience. If Dr. Hammond, who is a full professor at the University of Utah,^[11] has altered or relinquished his belief in an international intergenerational conspiracy, he could perform a great service by discussing this openly. Tragically, many individuals and families have been harmed by therapists acting on such beliefs, many of whom were influenced by Dr. Hammond's publications and talks.

1. See FMSF Newsletter, Feb. 5, 1993. He did not name the radical FMS spokesman. The "misrepresentation" by Prime Time Live included the scene in its program "Devilish Deeds," January 7, 1993, where Dr. Hammond said that therapists are not responsible for verifying the information they teach in workshops.

2. Harrie. D. (1993, September 19). Theory Traces Ritual Roots to Nazi Era. *Salt Lake Tribune*, A6.

3. Greenbaum was Green's original name. Google has two full pages of true-believer websites featuring the transcript; just search for "Greenbaum Speech."

4. The Fourth Annual Eastern Regional Conference on Abuse and Multiple Personality, Thursday June 25, 1992, at the Radisson Plaza Hotel, Mark Center, Alexandria, Virginia. Sponsored by the Center for Abuse Recovery & Empowerment, The Psychiatric Institute of Washington, D.C.

5. For excerpts of the other therapists who appear in the videotape (Bennett G. Braun, M.D., Jean Goodwin, M.D., M.P.H., Catherine Gould, Ph.D., D. Corydon Hammond, Ph.D., Richard P. Kluft, M.D. Roberta Sachs, Ph.D., Roland C. Summit, M.D., Walter C. Young, M.D.) see *FMSF Newsletter*, Vol 3 No. 4, April 5, 1994.]

6. In the Greenbaum speech, Dr. Hammond says: "I would take your entire Greek alphabet and, with ideomotor signals, go through the alphabet and say, 'Is there any programming inside associated with epsilon, omicron,' and go on through." This was after he had explained: "Alphas appear to represent general programming, the first kind of things put in. Betas appear to be sexual programs. For example, how to perform oral sex in a certain way, how to perform sex in rituals, having to do with producing child pornography, directing child pornography, prostitution. Deltas are killers trained in how to kill in ceremonies. There'll also be some self-harm stuff mixed in with that, assassination and

killing. Thetas are called psychic killers....Then there's Omega. I usually don't include that word when I say my first question about this or any part [alternate personality] inside that knows about Alpha, Beta, Delta, Theta because Omega will shake them even more. Omega has to do with self-destruct programming."

7. Those videotapes were cited by attorney, Zachary Bravos in *The FMSF Newsletter*, March/April 2004, Vol. 13 No. 2 as leading to the quick resolution of the lawsuit Ms Gale filed. It was settled in her favor—even before depositions had been taken—for \$7.5 Million. Dr. Hammond's share was \$175,000.

8. For more excerpts see *FMSF Newsletter*, Vol 3 No. 3, March 8, 1994.

9. *Deseret News*, The, November 21, 1991, page B1. The task force, in fact, was not disbanded until years later.

10. (Op cit) In the course of the story it becomes apparent that Dr. Hammond was already in 1993 trying to distance himself from his own words.

11. uuhsc.utah.edu/pmr/faculty.



Culture of Chaos:

The secret lifestyle of the survivor

Jeanette D. Bartha

Let me begin by disclosing that I was a participant of repressed memory therapy (RMT) from 1986-1992 at a prestigious psychiatric hospital. During those lost years, most as an inpatient, my psychiatrist persuaded me that I was a survivor of satanic ritual abuse (SRA).

I was an enthusiastic patient, willing to learn how repressed memory recall would be the ultimate cure for depression. Unwittingly, however, I was subjected to classic indoctrination into what I now believe to be a psychotherapy cult. Here are a few of the techniques used to keep me hostage to the RMT ideology: isolation in a hospital, separation from family and friends, being told when to sleep and eat, lack of information, sleep deprivation, administration of drugs, classes, forced therapy sessions, physical restraint, involuntary court commitments, and being encouraged to falsely confess to crimes committed as a satanic cult member.

There are outstanding researchers and writers who have reported on indoctrination techniques used to make

patients believe in SRA. This essay, however, will deviate from the how's and why's and focus on the lifestyle of the survivor sub-culture and the impact on family members.

My personal experience with SRA and dissociative identity disorder (DID), combined with my experience with Internet chat rooms, E-mail groups, survivor Websites, and online psychotherapy, reveals a proliferation of the survivor lifestyle. I reviewed thousands of E-mails, and they show that believing one has been abused in satanic rituals has a powerful and influential hold. This SRA sub-culture is based on the presumption of victimization and it has gained personal and political momentum largely due to the easy access to misinformation on the Web and Internet support groups. In addition, some publishing houses have been eager to print survivor stories, but they have no interest in publishing anything that is skeptical of SRA.

People who believe that they are SRA survivors were usually first diagnosed with Dissociative Identity Disorder (DID). After the diagnosis they were quickly insulated from mainstream ideas, traditional values, and acceptable modes of behavior. The rationale for the insulation was to keep safe from perceived abusers. Insulation nurtured increasingly bizarre beliefs because there was no contact with those who questioned the ideology.

Keeping "safe" is a pressing concern for this subculture. The isolation increases with the specialized use of language. In the SRA subculture, certain modes of verbal and written communication are required. For example, SRA "survivors" claim that their aim is to converse in such a way as to avoid triggering memories and/or ab reactions of alleged sexual abuse. To keep emotionally safe in Internet chat groups, writers must insert a "trigger warning" preceding E-mail transmissions when explicit sexual abuse memories, or the mention of God and/or

religion, are contained within the body of in the E-mail. Trigger warnings, however, usually seem to peak the curiosity of survivors who then act-out by switching personalities. They then discuss the negative emotional content of a trigger-warned message, a message which they had the option of not reading in the first place.

Families with an SRA/DID member live each day under a high level of stress and chaos. Here are two examples of skewed values and behaviors mentioned earlier. It is considered within the normal range of behavior for a DID father of two young sons to switch to a child alter and hug a teddy bear while his wife softly reads *Winnie the Pooh* to soothe him. A common incident I witnessed during treatment was a mother repeatedly taken to the hospital in the family car—children in tow—where she remained for several months at a time. Both of these scenarios are considered loving gestures, but the parents have little apparent awareness of the impact these traumatic familial events have on their children.

While mainstream Americans might express disapproval of these parental behaviors, the survivor lifestyle expects, anticipates, and makes provisions for them. A wife, for example, may purchase coloring books and candy for her husband's little alters to circumvent an abusive alter emerging. In another family, a six-year old girl might ask her DID mother's child alters to come out and play with her after school.

A spouse, child, loved one, or friend of an SRA/DID individual is referred to as a significant other (SO). Love and extreme devotion is expressed by SO's in chat rooms where they discuss a high degree of empathy and sympathy towards the survivor.

My experience and observations reaffirm that little or no responsibility or accountability is placed on the SRA/DID individual to act appropriately or to be a productive family

member who contributes financial and emotional security. In many cases, SO's and therapists are quick to rationalize, and then dismiss, verbal and physical violence as being committed by an alter the survivor either has no conscious awareness of and/or no control over. Both men and women SO's report that they have frequently been kicked, spat upon, had objects thrown at them, been verbally assaulted and belittled, and, in many circumstances, have had to cope with recurring extra-marital affairs.

This lifestyle encourages the wife to be mother and the husband to be father to their spouse, leaving the adult relationship between lovers to grow stale. What happens to the children - whom I call generation 2? Generation 2 is being raised in these chaotic environments which offer little parental guidance or comfort. Children are forced to keep the behaviors of their parents and their home life a secret from friends, school mates, and teachers, further alienating them. Generation 2 is either pulled into the parental chaos, ignored, or made caretakers for the SRA/DID parent. This lifestyle is all-consuming and an emotional and financial drain on the family unit. Generation 2 children, until now, have been quite invisible.

□

Prominent British Pediatrician Removed from Medical Register

A prominent British pediatrician has been held accountable for giving "erroneous" and "misleading" evidence at trial. The General Medical Council's Fitness to Practice panel has found Professor Sir Roy Meadow guilty of serious professional misconduct. The panel said that Professor Meadow's actions "seriously undermined" the position of doctors who serve as experts at trials. Meadow has been removed from the medical register.

Meadow is a pediatrician who

became well known in sudden infant deaths, and he testified in many trials. He was famous for his belief that one sudden infant death in a family was a tragedy, two were suspicious and three were murder, unless proven otherwise." However, research has shown that in sudden infant death syndrome, a second child is actually at greater risk of dying if one child has already died of the syndrome. The panel noted that Meadow did not intend to mislead but "failed to provide a fair context for the limited relevance" of his theory and that he used erroneous statistics.

Although many people may mangle statistics, the consequences of Meadow's statements were to send people to prison. The deputy chair of the Academy of Experts in London stated that it is a strong reminder that experts must adhere to the three I's—"independence, impartiality, and integrity."

Martin, N. (2005, July 16). GMC strikes off Meadow for 'abusing position' in cot death trial. *Daily Telegraph* (London), p. 11.

Science and Law (2005, July 22). Flawed statistics in murder trial may cost expert his medical license. *Science*, 309, p. 543.

□

"Theophostic Prayer Ministry (TPM) should be recognized for what it is: a business enterprise. While masquerading as a religious experience, it makes false promises of miraculous psychological cures. Pretending to be based on some radically new, profoundly innovative combination of Christian teaching and psychological science, its theories and practices are a travesty of both. On examination, what TPM sells is clearly nothing more than a concoction made up of the thoroughly discredited psychotherapeutic fad involving recovered memories, the unsubstantiated pseudo-Freudian beliefs about the roots of emotional pain popularized by Alice Miller, and an outdated "New Age" craze of seeking answers from 'spirit guides.'

Tana Dineen

<http://www.psychoheresy-aware.org/images/Bobgan-Miller.pdf>

FMSF Staff

Step Forward for 3rd Party Case:**Court Allows Judge to Read Therapy Records**

Johnson v. Rogers Memorial Hospital et al. Sup. Ct. Wisc., No. 2003AP784 & 2003 AP1413 (L.C. No. 96 CV 001228).

Filed July 8, 2005.

(See www.courts.state.wi.us for a copy of the decision.)

On July 8, 2005, in a split decision, the Wisconsin Supreme Court ruled that a judge can decide if a woman's medical records should be made available to parents over her and her therapists' objections. In the past, patient-therapist privilege has prevented most parents from bringing lawsuits against their children's therapists. Without therapist records, there is no way to know what transpired in sessions. The ruling means that parents in a case in which they were accused of abuse based on repressed-memory could explain to the judge why the victim's records are relevant. The judge will then review the records and provide them to the plaintiffs if deemed to contain relevant information.

Three of six justices ruled that protection of parents from false accusations is more important than therapist-patient privilege. Three of six justices ruled that in this case Charlotte Johnson had waived her privilege by virtue of her actions, including providing some records to her parents, having her lawyer write to obtain a restraining order, etc. Because of the split decision in which four separate justices agreed that the Johnsons should get the records, the ruling applies only to the Johnson case. The language and arguments in the decision and the dissenting opinions are informative.

Justice Louis Butler wrote the court's lead opinion:

"We conclude that public policy requires creating an exception to therapist-patient confidentiality and privilege where negligent therapy is alleged to have caused accusations against parents for sexually or physically abusing their child. Consistent with the significant purposes underlying the privilege, however, we are still concerned with maintaining and protecting the therapist-patient relationship to the greatest extent possible. Along similar lines, we also are sensitive to the implications of requiring a patient's records automatically be surrendered whenever a lawsuit such as this is commenced. Fishing expeditions cannot be allowed. Therefore, we further conclude that an in camera inspection of the patient's records is necessary."

The Johnson v. Rogers case has been in the courts for almost a decade. It began in late summer 1991 when the Charles and Karen Johnson's adult daughter entered therapy with Kay Phillips who was not certified and who soon

referred her to Rogers Memorial Hospital for treatment for eating and addictive disorders and for sexual and physical abuse issues. Charles Johnson agreed to pay the hospital bills for his daughter. At Rogers, Charlotte expanded the beliefs that her father had raped her and her mother had physically abused her. Charlotte confronted her father in November 1991 and her mother in October 1993. Charlotte cut off contact and tried to get a restraining order against them.

The Johnsons were threatened with a lawsuit. In 1994, they received a letter from a lawyer stating that they would be sued unless they agreed to pay one million dollars. The attorney wrote: "I have handled cases such as this for many years. I have conversed with and/or corresponded with some of the finest, unbiased minds in both the legal and medical/psychological communities. I have no doubts as to the validity of repressed memories."

In 1996, the Johnsons filed a medical malpractice claim against the psychotherapists for falsely implanting the memory of abuse. They also sued the hospital for failing to provide appropriate treatment for their daughter. The trial court threw out the case, and in 2000, a state appeals court upheld that decision.^[1] The appeals court noted that in order for the case to continue, the Johnsons would need access to Charlotte's medical records. Charlotte had not given permission to release the records so there would be no evidence.

The Johnsons appealed to the Wisconsin Supreme Court which reversed the decision in 2001.^[2] The Court noted that because Charlotte had talked about her treatment with a friend and with her attorney and because she had brought her parents to a therapy session, she might have waived her confidentiality privilege. The Court also stated that lack of therapy records is not sufficient to dismiss a third-party case.^[3] The Court determined that in Wisconsin, families may continue the legal process to gather more information.

The case went back to the trial court where the judge granted summary judgment to the therapists. He said that the confidentiality of medical records was more important than disclosing the records to the parents. The judge also decided that Charlotte had not given up her right to confidentiality. The Johnsons appealed directly to the Wisconsin Supreme Court.

Commenting on the decision, attorney for the plaintiffs Bill Smoler said: "People in this situation can't be delighted by any outcome. Yes, it's a victory in that they get to push forward and try to hold these therapists accountable. That doesn't bring their daughter back into their life."

William Smoler of Monona presented oral arguments for the plaintiffs. Laurie J. McLeroy of Milwaukee argued for defendant Rogers Memorial Hospital, David McFarland of Madison argued for defendant Kay Phillips, Ph.D., and

Sarah A. Zylstra argued for defendants Drs. Jeff Hollowell and Rim Reisenauer.

Richmond, T. (2005, July 8). Court carves out exception to patient-therapist privilege. *Pioneer Press*. Retrieved from

<http://www.twincities.com/mld/twincities/news/local/status/wisconsin/12089266.ht> on July, 9, 2005.

1. See FMSF Newsletter Vol. 9(5).

2. See FMSF Newsletter Vol. 10(1).

3. See FMSF Newsletter Vol. 10(4).



"If the plaintiff establishes a reasonable likelihood that the records contain information regarding negligent treatment, the circuit court must proceed to conduct an in camera review regardless of the victim's lack of consent...[T]his case presents a claim that essentially contends that Charlotte is the unsuspecting victim of falsely implanted and reinforced memories. To require Charlotte to give consent to open her medical records makes little sense considering that as a result of the negligent therapy Charlotte understandably wants nothing to do with her parents. We note that our procedure not only allows those who have been wrongfully accused a way to proceed ...[with a third-party] action, but also ultimately enables the court to identify negligent therapists, which can only work to protect future potential victims from such negligent therapy. Bearing this in mind, we conclude that the victim cannot impede the claim."

"While we recognize the benefit from allowing therapists to diagnose and treat victims of sexual and physical abuse as children, no utility can be derived from protecting careless or inappropriate therapists and the practices. The costs are simply too severe: the therapist is allowed to continue negligently "treating" others, the patient remains disillusioned by the falsehoods, and the accused suffers the torment of being branded a child-abuser. We do not hesitate to conclude that mechanical application of the therapist-patient privilege to allow such results to continue unimpeded ill serves the public."

Louis B. Butler, Jr., Judge
Johnson v. Rogers Memorial Hospital et al. Sup. Ct. Wisc., No. 2003AP784 & 2003 AP1413 (L.C. No. 96 CV 001228).

Cognitive Therapy Reduces Repeat Suicide Attempts

Brown, G.K. Have, T.T., Henriques, G.R., Xie, S.X., Hollander, J.E., Beck, A.T. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. *JAMA* 294 (5), 563-570

This study showed that when people who had recently attempted suicide received Cognitive Therapy, they were 50 percent less likely to try to kill themselves again within 18 months than those who did not receive the therapy. The Director of the National Institutes of Health, Thomas Insel, spoke of the study's significance: "Since even one previous attempt multiplies suicide risk by 38 to 40 times and suicide is the fourth leading cause of death for adults under 65, a proven way to prevent repeat attempts has important public health implications."

The current study adds to the growing list of problems for which cognitive therapy has been demonstrated to be safe and effective.



Some Recent Books of Interest

How People Come to Believe They Were Kidnapped by Aliens

Susan A. Clancy

Boston: Harvard University Press (2005)

"If you're going to read just one book about alien abductions, make it this one. And if you think alien abduction stories aren't worth considering seriously, Clancy will convince you otherwise." *Publishers Weekly*. (2005, August 19).

Accounts of Innocence: Sexual Abuse, Trauma, and the Self

Joseph E. Davis

University of Chicago Press (2005)

"The findings shed new light on the ongoing debate over recovered memories of abuse. They challenge the notion that victim accounts are an evasion of personal responsibility." Book will be reviewed in future FMSF Newsletter.

Destructive Trends in Mental Health: The Well-Intentioned Path to Harm
Wright, R.H. & Cummings, N.A. (Eds.)
New York: Routledge (2005).

"[S]ociety spent a number of years sentencing fathers to prison based on false memories, followed by years of releasing them with the court's apology, as accusers became aware of the implanted memories."

Panic Attacks: Media Manipulation and Mass Delusion

Bartholomew, R.E. & Evans, H.

London: Sutton (2005)

"The seeds of potential mass delusions lie dormant everywhere, awaiting the right conditions under which to bloom."

D'Amour Road

Sigrid Macdonald

Lulu Enterprises (2005)

Available on Amazon.com

A novel inspired by the murder of the author's friend whom she had met while engaged in efforts to free David Milgaard. Milgaard spent 23 years in a Canadian prison for murder. He was released in 1992 when his conviction was overturned. Five years later DNA proved conclusively that he could not have been the killer. Currently there is an important inquiry underway to determine what went wrong with the prosecution. The results of the inquiry will appear in a future FMSF Newsletter. *D'Amour Road*, while not about the case, presents a fascinating picture of life in Ottawa, including the climate of the women's movement.



Correction

We neglected to include the name of reporting editor Jenny Barkley in a references for the article about Robin Mewes in the last issue. It should have read:

Grunden, K. and Barkley, J. (2005, June 15). Missing Paris girl found after 15 years. *Paris Beacon News*.

A Sister Returns

It was nine years ago that my sister's false accusations arrived without warning. In her letter she claimed that both of us had been the victims of satanic ritual abuse throughout our childhood by both sets of grandparents. We later learned that my sister had fallen under the influence of a "psychic healer." This woman, who believed that her own grandparents had satanically abused her, claimed to specialize in counseling survivors of ritual satanic abuse. She used *The Courage to Heal*, *Bradshaw on: the Family, Secret Survivors*, and hypnosis in her practice. My sister cut off contact with the family, writing that we'd never hear from her again. She staged her disappearance in a way that initially suggested she might have been kidnapped or murdered, and she vanished with no chance for a face-to-face meeting or discussion. Our shock, grief, anger, frustration, and pain knew no limits. We read *Victims of Memory*, joined the FMS Foundation, and tried to understand how this could have happened.

We learned quickly that she'd been seen since abandoning her car, so we knew she was alive. She was declared a missing person and my father obtained legal guardianship over her assets. This forced her to get back in touch through an attorney when she returned to America after traveling abroad, and it enabled us to negotiate an agreement in which she agreed to keep a post office box for us to contact her. She maintained the restriction, however, that it should only be used for "business" or notification of a death in the family. The agreement was negotiated by my father and didn't apply to me, so I tried sending her postcards, but after four postcards my attorney relayed a demand that I not write her. My father kept communication alive

by including notes about the family at every chance he had to send a financial document.

After two years, we learned that the psychic healer had died of cancer. Retractors had told me that a victim of false memory syndrome must get away from the therapist influence who reinforces the false beliefs before reconciliation can occur, so I knew this created the possibility for change.

After three years, my sister sent a letter at Thanksgiving saying she'd had a religious conversion and had dedicated her life to serving God, and that God wanted her to come home with her young son for Christmas. She shared many details about her life and son. My parents sent them plane tickets. But ten days later a second letter arrived saying that since she sent the first letters, she'd been having nightmares and flashbacks, symptoms she'd not had in a long time. She wrote that she felt God needed her to heal at her own pace. At this point, it was clear that my sister wanted to resume contact with the family, but that the fear of us and our hometown that the therapist had implanted was still too strong.

We kept sending postcards and letters and gifts for birthdays and Christmas. My father financially supported her resumption of college. I sent her a tape recorder and mailed her audiotapes. One time she called my invalid mother's nursing home, but my mother was asleep at the time, and the staff didn't put the call through. My father sent phonecards, but she never called again. I tried sending her a prepaid pay-as-you-go cell phone so she could call us if she wished or turn it on and wait for us to call. She gave it away.

The years passed slowly, and increasingly I despaired at the lack of progress. I began to lose hope that I would ever see my sister again and to accept that I might have to find happiness in life in spite of that. I even wrote her less and less often.

After eight years, my father invited

her to visit my invalid mother—the only person she'd never accused—while my father and I were out of town. She replied that it wouldn't be safe for her or her child. We despaired. As the cost of my mother's illness soared, my father informed my sister that he could no longer support her as before and that we needed to make some progress towards our goal—reconciliation—if we were to continue to support her in her goals. After that, many months passed with no contact.

A cousin, who had been out of touch with the extended family for 17 years since his parents' divorce, resumed contact with the family. He wrote her a letter talking about how much happier he was as a result of reconnecting. I don't know if it's cause and effect or a coincidence, but two weeks before Thanksgiving my sister called my parents at the nursing home and they had a pleasant, brief chat.

On Thanksgiving Day and Christmas Day she called again, and we had our first talks as a family of four in eight and a half years. Six months later, she invited my father to travel to visit her town for a weekend. He visited the very next weekend and brought back photos to show my mother. My sister gave my parents her phone number and permission to call her. Unfortunately, my mother passed away that same month without seeing my sister in person, but she died having talked by phone and knowing my sister was on the path to reconciliation.

My sister didn't attend the memorial service in our hometown, but she invited my father and me to visit her. We visited her together and had a wonderful weekend. She has now given me permission to call her as well and invited us all to attend her son's upcoming birthday party. My father already had travel plans, but I will attend. My sister and I have already had a great phone call. We say "I love you" to each other and hug when we meet just as before all this happened.

We don't talk about the accusations. I would classify my sister as a "returner," not a "retractor." Our goal is to keep the visits pleasant so my sister will enjoy them and want to see us more often. I would appreciate an explicit retraction but won't require it. I do believe that she was brainwashed so that partly she believes we abused her and partly she knows we didn't, and that she has been unable to reconcile the conflict so far. It is probably easier for her to remain doubtful rather than to accept the reality that her bad therapy was all a terrible mistake and caused much needless pain.

What is my advice for other FMS families? Maintain friendly contact by whatever means you can. Keep sending letters, postcards, and gifts for years on end whether you receive a response or not. Keep making it clear that you want to resume contact. Have other friends, relatives, and family members write too. Keep sending things like your phone number and address because people with FMS may be somewhat disorganized and overwhelmed by life in general and need your help to stay in touch. Try to make it easy for the person to reconnect; you don't want the price of a phone call to get in the way of a reconciliation.

Accept that it's not in your power to ensure that a reconciliation takes place; you can do everything *you* can to help, but you won't be able to achieve it until the other person decides to do his or her part. Understand that "repressed memories" are not based on logic or science, so logical arguments may not be effective for fighting them; trying to maintain an emotional connection may be more effective. Keep trying. Never give up. My sister only returned after I'd almost completely lost hope.

Whether my sister ever achieves resolution and explicitly retracts the false accusations is not critical. We know the truth. The most important thing is that we have my sister back in

our lives and can resume a more normal family relationship based on love, friendship, and frequent contact, and that has already lifted a heavy burden from my shoulders that had been weighing me down so long that I'd forgotten I was even carrying it.

A brother

□

Now Very Close

My daughter and I are now very close and spend at least an hour every week having coffee and visiting—mostly about her four grandchildren. She and her husband often have us over for meals and we do the same for them. My other daughter still lives in another state, and we have little contact. She says we have little to talk about. Strange, since earlier she and I were closer than anybody; we exchanged poetry and plans and such. Too bad—and all because of *The Courage to Heal*.

A dad

□

Ongoing Reconciliation

Standing in the front hall for the first time since she was four years old was our granddaughter, now 20 years old and about to begin her third year of college. She had decided to come with her mother, who returned to us more than a year ago, to meet her grandfather, despite all the therapy induced accusations. Something must not have added up for her when she compared her mother's joy about her visits to the image of us formed during therapy.

I brought out coffee, sodas and cookies. My granddaughter did not touch a thing. I suspect that she had been told in therapy that we might try to poison her if she returned. That was OK. Her mother had at first touched no food at our home; now she often freely shares in our conversation-filled meals.

My daughter gave her a tour of the house, and I imagine it must have been difficult for my granddaughter to reconcile what she saw with what she imagined in therapy. She got to see her

aunt's wedding album and "meet" her cousins.

During the visit, my granddaughter spoke freely with her grandfather, but she kept a distance from him physically.

My granddaughter had made a pact with her mom before the visit—stay no more than 30 minutes. Amazingly they stayed almost two and a half hours. She asked me if she could join me and her mom at the October Illinois-Wisconsin FMS meeting. After having read some of the FMS literature, she is trying to make sense out of how in therapy she could have so clearly "seen" situations in such depth of detail. I think that if and when she begins to come further out of this travesty, she will experience anger at having lost our side of the family for so many years.

This is where we are today. Her visit was truly a miracle, and I had trouble keeping the tears back at times, knowing the enormity of what was happening. I wanted to share this with you all and at the same time thank you all for your support and prayer. Truly we learn in this process of reconciliation the value of prayer, patience and the ever-impacting force of love—even in the heart-wrenching time that we were not privileged to be with our offspring in person. Total reconciliation will take many months; but then, it took us 15 years to get to this point. Patience on all sides must rule.

A mom

□

"The only real evidence of life before the age of five is photographs, so someone could make a mint by starting a company trading in false memories. Lazy parents could bring photos of their offspring and have Bermuda or the Magic Kingdom superimposed on the background, thereby giving the impression of a blissful childhood without any time or effort being expended"

Stothard, A. (2005, August 14).
Forget the sun oil: Just cut and paste.
Sunday Telegraph (London).

Web Sites of Interest

comp.uark.edu/~lampinen/read.html
The Lampinen Lab False Memory Reading Group,
University of Arkansas

www.exploratorium.edu/memory/
The Exploratorium Memory Exhibit

www.ctnow.com/memory
Hartford Courant memory series

www.tmdArchives.org
The Memory Debate Archives

www.francefms.com
French language website

www.StopBadTherapy.com
Contains phone numbers of professional
regulatory boards in all 50 states

www.IllinoisFMS.org
Illinois-Wisconsin FMS Society

www.ltech.net/OHIOarmhp
Ohio Group

www.afma.asn.au
Australian False Memory Association

www.bfms.org.uk
British False Memory Society

www.geocities.com/retractor
This site is run by Laura Pasley (retractor)

www.sirs.com/uptonbooks/index.htm
Upton Books

www.angelfire.com/tx/recoveredmemories/
Locate books about FMS
Recovered Memory Bookstore

www.religioustolerance.org/sra.htm
Information about Satanic Ritual Abuse

www.angryparents.net
Parents Against Cruel Therapy

www.geocities.com/newcosanz
New Zealand FMS Group

www.werkgroepwfh.nl
Netherlands FMS Group

www.falseallegation.org
National Child Abuse
Defense & Resource Center

www.nasw.org/users/markp
Excerpts from *Victims of Memory*

www.rickross.com/groups/fsm.html
Ross Institute

[www.hopkinsmedicine.org/jhhspsychiatry/
perspec1.htm](http://www.hopkinsmedicine.org/jhhspsychiatry/perspec1.htm)
Perspectives for Psychiatry
by Paul McHugh

www.enigma.se/info/FFI.htm
FMS in Scandanavia - Janet Hagbom

www.ncrj.org/
National Center for Reason & Justice

www.lyingspirits.com

Skeptical Information on Theophostic Counseling

www.ChildrenInTherapy.org/

Information about Attachment Therapy

www.traumaversterking.nl

English language web site of Dutch retractor.

www.quackwatch.org

This site is run by Stephen Barrett, M.D.

www.stopbadtherapy.org

Contains information about filing complaints.

www.FMSFonline.org

Web site of FMS Foundation.

Legal Web Sites of Interest

- www.caseassist.com

- www.findlaw.com

- www.legalengine.com

- www.accused.com

Elizabeth Loftus

we www.seweb.uci.edu/faculty/loftus/

The Rutherford Family Speaks to FMS Families

The video made by the Rutherford family is *the* most popular video of FMSF families. It covers the complete story from accusation, to retraction and reconciliation. Family members describe the things they did to cope and to help reunite. Of particular interest are Beth Rutherford's comments about what her family did that helped her to retract and return.

Available in DVD format only:

To order send request to

FMSF Video, 1955 Locust St.

Philadelphia, PA 19103

\$10.00 per DVD; Canada add \$4.00;

other countries add \$10.00

Make checks payable to FMS
Foundation

Recommended Books

Remembering Trauma

Richard McNally

Science and Pseudoscience in Clinical Psychology

S. O. Lilienfeld, S.J. Lynn, J.M. Lohr (eds.)

Psychology Astray:

Fallacies in Studies of "Repressed Memory" and Childhood Trauma

by Harrison G. Pope, Jr., M.D.

SAVE THIS DATE

October 9, 2005

9:30 a.m. to 4 p.m.

Illinois-Wisconsin FMS Society Fall Meeting

Prairie Lakes Community Center
Des Plaines, IL

Coping: Where are you now?

Speakers: Pamela Freyd, Ph.D. and
Janet Fetkewicz, M.A. from the
FMS Foundation

Two hours in the afternoon will be devoted to general group discussion, focusing on the variety of individual coping strategies (both successful and otherwise) of the participants. Retractors will serve as resource people. After the meeting those who wish will have a cocktail hour and dinner at a local restaurant.

FOR MORE INFORMATION

E-MAIL:

president@IllinoisFMS.org

www.IllinoisFMS.org

Do You Read German?

If the answer is "yes" then you may want to check out an excellent two-part article about memory written by Harald Welzer and originally published in *Der Spiegel* (the mirror).

www.spiegel.de/wissenschaft/mensch/0,1518,355525,00.html

www.spiegel.de/wissenschaft/mensch/0,1518,355525,2,00.html

The article deals with the way in which people develop vivid visual recollections of something that never happened: survivors of the Dresden bombing in WWII who tell of fighters attacking individual people on the ground—when in fact the fire tornado raised by the bombing made low-altitude flying completely impossible; or Ronald Reagan including in his personal war memories a scene from a 1944 movie.

CONTACTS & MEETINGS - UNITED STATES

ALABAMA

See Georgia

ALASKA

Kathleen 907-333-5248

ARIZONA

Phoenix

Pat 480-396-9420

ARKANSAS

Little Rock

Al & Lela 870-363-4368

CALIFORNIA

Sacramento

Jocelyn 530-570-1862

San Francisco & North Bay

Charles 415-984-6626 (am);

415-435-9618 (pm)

San Francisco & South Bay

Eric 408-738-0469

East Bay Area

Judy 925-952-4853

Central Coast

Carole 805-967-8058

Palm Desert

Eileen and Jerry 909-659-9636

Central Orange County

Chris & Alan 949-733-2925

Covina Area

Floyd & Libby 626-357-2750

San Diego Area

Dee 760-439-4630

COLORADO

Colorado Springs

Doris 719-488-9738

CONNECTICUT

S. New England

Earl 203-329-8365 or

Paul 203-458-9173

FLORIDA

Dade/Broward

Madeline 954-966-4FMS

Central Florida - Please call for mtg. time

John & Nancy 352-750-5446

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

GEORGIA

Atlanta

Wallie & Jill 770-971-8917

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen 847-985-7693 or

Liz & Roger 847-827-1056

Peoria

Bryant & Lynn 309-674-2767

INDIANA

Indiana Assn. for Responsible Mental Health

Practices

Pat 260-489-9987

Helen 574-753-2779

KANSAS

Wichita - Meeting as called

Pat 785-738-4840

KENTUCKY

Louisville- Last Sun. (MO) @ 2pm

Bob 502-367-1838

LOUISIANA

Sarah 337-235-7656

MAINE

Rumford

Carolyn 207-364-8891

Portland - 4th Sun. (MO)

Wally & Bobby 207-878-9812

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank 978-263-9795

MICHIGAN

Grand Rapids Area - 1st Mon. (MO)

Bill & Marge 616-383-0382

Greater Detroit Area

Nancy 248-642-8077

Ann Arbor

Martha 734-439-4055

MINNESOTA

Terry & Collette 507-642-3630

Dan & Joan 651-631-2247

MISSOURI

Kansas City - Meeting as called

Pat 785-738-4840

St. Louis Area - call for meeting time

Karen 314-432-8789

Springfield - Quarterly (4th Sat. of Apr.,

Jul., Oct., Jan.) @12:30pm

Tom 417-753-4878

Roxie 417-781-2058

MONTANA

Lee & Avone 406-443-3189

NEW HAMPSHIRE

Jean 603-772-2269

Mark 802-872-0847

NEW JERSEY

Sally 609-927-5343 (Southern)

Nancy 973-729-1433 (Northern)

NEW MEXICO

Albuquerque - 2nd Sat. (BI-MO) @1 pm

Southwest Room -Presbyterian Hospital

Maggie 505-662-7521(after 6:30pm) or Sy

505-758-0726

NEW YORK

Westchester, Rockland, etc.

Barbara 914-761-3627

Upstate/Albany Area

Elaine 518-399-5749

NORTH CAROLINA

Susan 704-538-7202

OHIO

Cleveland

Bob & Carole 440-356-4544

OKLAHOMA

Oklahoma City

Dee 405-942-0531 or

Tulsa

Jim 918-582-7363

OREGON

Portland area

Kathy 503-655-1587

PENNSYLVANIA

Harrisburg

Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

Montrose

John 570-278-2040

Wayne (includes S. NJ)

Jim & Jo 610-783-0396

TENNESSEE

Nashville

Kate 615-665-1160

TEXAS

Houston

Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-595-3945

UTAH

Keith 801-467-0669

VERMONT

Mark 802-872-0847

VIRGINIA

Sue 703-273-2343

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

WYOMING

Alan & Lorinda 307-322-4170

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland

Lloyd 250-741-8941

Victoria & Vancouver Island

John 250-721-3219

MANITOBA CANADA

Roma 204-275-5723

ONTARIO, CANADA

London

Adriaan 519-471-6338

Ottawa

Eileen 613-836-3294

Warkworth

Ethel 705-924-2546

Burlington

Ken & Marina 905-637-6030

Waubashene

Paula 705-543-0318

QUEBEC, CANADA

Chertsey

Mavis 450-882-1480

AUSTRALIA

Evelyn everei@adam.com.au

BELGIUM

werkgr.fict.herinneringen@altavista.net

ISRAEL

FMS ASSOCIATION fax-972-2-625-9282

NEW ZEALAND

Colleen 09-416-7443

SWEDEN

Ake Moller FAX 48-431-217-90

UNITED KINGDOM

The British False Memory Society

Madeline 44-1225 868-682

Deadline for the NOVEMBER/DECEMBER Newsletter is October 15. Meeting notices **MUST** be in writing and should be sent no later than **two months before meeting**.

Copyright © 2005 by the FMS Foundation

1955 Locust Street

Philadelphia, PA 19103-5766

Phone: 215-940-1040

Fax: 215-940-1042

mail@FMSFonline.org

www.FMSFonline.org

ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

September 1, 2005

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **Fred H. Frankel, MBChB, DPM**, Harvard University Medical School; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner**, Author, Hendersonville, NC; **Rochel Gelman, Ph.D.**, Rutgers University, New Brunswick, NJ; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, (deceased) Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, (deceased) Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, (deceased) Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of California, Irvine, CA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit**, Author, Westford, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, (deceased) University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, (deceased) Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi**, Author and Magician, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, (deceased) Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, (deceased) University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

Do you have access to e-mail? Send a message to

pjff@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 6 times a year by the False Memory Syndrome Foundation. The newsletter is mailed to anyone who contributes at least \$30.00. It is also available at no cost by email (see above) or on the FMSF website: www.FMSFonline.org

Your Contribution Will Help

PLEASE FILL OUT ALL INFORMATION
PLEASE PRINT

__ Visa: Card # & exp. date: _____

__ Discover: Card # & exp. date: _____

__ Mastercard: # & exp. date: _____
(Minimum credit card is \$25)

__ Check or Money Order: **Payable to FMS Foundation in U.S. dollars**

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____

Thank you for your generosity.